## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10731356

		CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY  CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN										
TOTAL CLAIMS			22		(00.0.		ſ	RATE	FEE		RATE	FEE
FO		CLAIMS  CHARGEABLE CLAIMS  DENT CLAIMS  E DEPENDENT CLAIM P  OF CLAIMS AS A  (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT  Dendent		NUMBER FILED		NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
	OTAL CHARGEABLE CLAIMS IDEPENDENT CLAIMS IULTIPLE DEPENDENT CLAIM PI If the difference in column 1 is  CLAIMS AS A  (Column 1) CLAIMS				٠ ٦			XS 9=		1	XS18=	7 (
			(		* U					OR		56
				nus 3 =				X43=		OR	X86=	344
MU	TIPLE DEPEN	DENT CLAIM PI	TESENI					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column			olumn 2	•	TOTAL		OR	TOTAL	1120
CLAIMS AS AMENDED - PART II											OTHER	
				(Colur		(Column 3)	1 ,	SMALL E		OR i	SMALL	
AMENDMENT A	8/17/0	7 REMAINING AFTER		HIGH NUM PREVIO PAID	BER DUSLY.	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIOMAL FEE
DME	Total	.00	Minus	** 0	2	On		X\$ 9=		OR	X\$18=	
MEN	Independent	. 1	Minus	***	7_	<i>-</i>		X43=		OR	X86=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	+145=		OB	+290=	
								TOTAL			TOTAL	
				X43= OR X86= OR +290=								
_	·	(Column 1) CLAIMS	<del></del>			(Column 3)	۱ ۱	<del>-</del>	4001	1		ADDI
NT B	·	REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY			RATE	TIONAL		RATE	TIONAL
DME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+290=	
								+145=		OR	TOTAL	
								TOTAL ADDIT, FEE		OR	ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
ENTC		CLAIMS REMAINING AFTER AMENDMENT		NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43 =		OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							114E-		1		
	If the entry in colu	mn 1 is less than t	he entry in col	umn 2. wri	le "O" in co	olumn 3.		+145=		OR	TOTAL	
••	If the "Highest Nu	mber Previously P mber Previously F	aid For IN TH	IS SPACE	is less tha	an 20, enter "20	o. <b>*</b>	ADDIT. FEE	L	OR	ADDIT. FEE	L
"	the ™ighest Nu The "Highest Nun	mber Previously Pa hber Previously Pa	aid For (Total o	or Indepen	dent) is th	e highest numb	er fo	und in the ap	propriate bo	x in C	olumn 1.	